

State of Nevada
Transportation Services Authority

Voluntary Cancellation Request

In the matter of the request by _____

_____ to cancel Certificate of Public Convenience

and Necessity number CPCN _____

The above named carrier is no longer conducting operations or providing transportation services authorized under CPCN _____.

Therefore, the authorized representative _____

for _____ requests

that the Transportation Services Authority (TSA) cancel said Certificate. I understand that this is not a suspension nor a temporary discontinuance of service, but a **cancellation** and in order to provide any transportation services in the future, a new application will have to be filed and a new Certificate granted by the TSA.

X Signature of Petitioner

Printed name of Petitioner

Address

Phone number

Fax number

INSTRUCTIONS:

1. Completely fill out the first page of this Voluntary Cancellation Request.
2. Briefly explain the reason you are requesting a cancellation of your certificate:

[illegible]

3. Complete the OATH page and have notarized.
4. File all three pages of this Request and mail or deliver to:

Transportation Services Authority
2290 South Jones Boulevard
Suite 110
Las Vegas, NV 89146

There is no fee for filing a Voluntary Cancellation Request. If you have any questions, call us at 702-486-3303.

OATH

STATE OF _____)

)

COUNTY OF _____)

I, _____, being duly sworn, state that he or she files this Voluntary Cancellation Request as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) _____; that, in such capacity, he is qualified and authorized to file and verify such a Request; that he or she has carefully examined all the statements and matters contained in the Request; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the Request is made in good faith, with the intention of presenting evidence in support thereof in every particular, if requested by the Transportation Services Authority.

Signature of Affiant

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public

Signature of Attorney, if any

Mailing address of applicant:

Mailing address of attorney:

Phone: _____

Phone: _____

Fax: _____

Fax: _____